
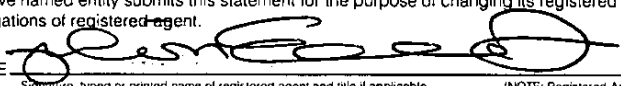



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000076351 1. Entity Name FUKINDUSTRIES INC.			
Principal Place of Business 1556 WASHINGTON AVE. MIAMI BEACH, FL 33139		Mailing Address 1556 WASHINGTON AVE. MIAMI BEACH, FL 33139	
2. Principal Place of Business 110 SE First Ave Suite, Apt. #, etc.		3. Mailing Address 110 SE First Ave Suite, Apt. #, etc.	
City & State Miami, FL Zip Country 33131 USA		City & State Miami, FL Zip Country 33131 USA	
4. FEI Number 43-2051097		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLERI, CHRIS 1556 WASHINGTON AVE. MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Echeverria, Julian Street Address (P.O. Box Number is Not Acceptable) 110 SE First St. City Miami FL Zip Code 33131	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 11 15 '05	
Amended AR is \$61.25		9. Election Campaign Financing * * \$5.00 May Be Added to Fees <input type="checkbox"/> Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLERI, CHRIS 1556 WASHINGTON AVE. MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400061552184 11/18/05--01053--006 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ECHEVERRIA, JULIAN 1556 WASHINGTON AVE. MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PTD ECHEVERRIA, JULIAN 110 S.E. FIRST AVENUE MIAMI, FLORIDA 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ECHEVERRIA, MONICA 1556 WASHINGTON AVE. MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD ECHEVERRIA, MONICA 110 S.E. FIRST AVENUE MIAMI, FLORIDA 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JULIAN ECHEVERRIA, PRESIDENT		Date 11 15 '05 Daytime Phone # 786 356 5685	

FILED
05 NOV 18 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11142005 Chg-P CR2E034 (10/03)